

OBJECTIVES OF TRAINING REQUIREMENTS (OTR'S)

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DEFINITION:

Consultation-Liaison Psychiatry is the practice of psychiatry with medically ill patients. It is a focused area in the general scope of practice of Psychiatry concerned with the assessment, diagnosis, treatment and prevention of mental, emotional and behavioral disorders in medically ill patients who are in a variety of medical settings, particularly non-psychiatric based ones. It deals also with the psychological adaptation to physical disease in such individuals. Consultation-Liaison Psychiatry encompasses the understanding of health systems and personnel, and their roles in how they affect the mental health of medically ill patients. It is engaged in advocacy, and development of health policy and planning related to the mental health of medically ill populations. Medically ill populations are usually found in medical, surgical, and obstetrical settings.

GOAL:

Upon completion of training, a resident is expected to be a competent practitioner in Consultation-Liaison Psychiatry and capable of assuming a consultant's role in the discipline. The resident must acquire a working knowledge of the theoretical basis of the discipline, including its foundations in the basic medical sciences and research.

Only candidates certificated by the Royal College of Physicians and Surgeons of Canada as a

specialist in Psychiatry may be eligible for the certification in Consultation-Liaison Psychiatry.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred psychiatric care and service to a diverse population of medically ill patients. In all aspects of practice, the graduate must be able to address issues of gender, culture, ethnicity, religion, spirituality, and ethics in a professional manner.

COMPETENCIES:

At the completion of training, the resident will have acquired the following competencies at a Proficient or Advanced level, as defined below. Some competencies may have been completed to the Expert/Master level, but this is considered exceptional.

Proficient: Able to demonstrate working knowledge enhanced by a developmental, cultural, and lifespan prospective, allowing detailed interviewing and biopsychosocial problem formulation, with capacity to teach, consult, and assess and manage referrals. The resident can review the scientific literature.

Advanced: Detailed and sophisticated understanding, which is multimodal and interdisciplinary, leading to advanced teaching and consultation on complex referrals. The resident is readily able to apply and demonstrate familiarity with the scientific literature.

Expert/Master: Enhanced skills that enable management of medically ill, psychiatric patients and their caregivers, with complex co-morbidities, treatment resistance or rare conditions. The expert Consultation-Liaison Psychiatrist has the capacity to critically review and contribute to the literature with enhanced expertise and generate new questions for study. This level of competence is generally expected to be achieved following years of practice in the field.

At the completion of training, the resident will function effectively as a:

Medical Expert

Definition:

As Medical Experts, Consultation-Liaison Psychiatrists integrate all of the CanMEDS roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. Medical Expert is the central physician role in the CanMEDS framework.

Key and Enabling Competencies: Consultation-Liaison Psychiatrists are able to...

1. Function effectively as consultants at the Advanced level, integrating all of the CanMEDS roles to provide optimal, ethical, and patient-centered medical care

1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional

1.2. Demonstrate effective use of all CanMEDS competencies relevant to Consultation-Liaison Psychiatry

1.3. Identify and appropriately respond to relevant clinical issues arising in care of medically ill patients including:

1.3.1 Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the Consultation-Liaison Psychiatrist

1.3.2 Awareness of factors influencing patients' reactions to the Consultation-Liaison Psychiatrist and other health care professionals

1.3.3 Awareness of one's own reactions when dealing with medically patients

1.3.4 Abnormal Illness behaviour in medically ill patients, including cultural factors

1.3.5 Burden of medical illness and its role in precipitating or promoting mental illness

1.3.6 Capacity/Competence for Health Care, Finances, and Personal Care

1.3.7 Behavioural disturbances arising from cognitive impairment, or clouding of consciousness or attention

1.3.8 Addiction

1.3.9 Acute and Chronic Pain

1.3.10 Consent, in both capable and incapable patients

1.3.11 Delirium

1.3.12 End-of-life and palliative care issues

- 1.3.13 Family issues surrounding caregiving and effect on mental and physical health
- 1.3.14 Anxiety and Mood Disorders in the Medically Ill
- 1.3.15 Coping strategies with acute or chronic illness, or complex medical disorders
- 1.3.16 Psychiatric manifestations of medical and neurological illness
- 1.3.17 Stigma associated with psychiatric illness in medical settings
- 1.3.18 Suicide, self-harm and/or harm directed towards others
- 1.3.19 Somatoform, Factitious, and Malingering Disorders and their differences
- 1.3.20 Abuse, neglect, and physical or sexual assault
- 1.3.21 Burden of caregiving for those with medical illnesses, and its potential impact on caregivers
- 1.3.22 Evaluating family and other interpersonal dynamics in contributing to the level of psychological adaptation to medical illness
- 1.3.23 Therapeutic alliance
- 1.3.24 Boundary Issues
- 1.3.25 Assessment of patients in a wide variety of medical and surgical settings
- 1.4. Effectively and appropriately prioritize professional duties when faced with multiple complex patients and problems
- 1.5. Demonstrate compassionate and patient-centred care for medically ill patients
- 1.6. Recognize and respond to the ethical dimensions in medical decision making
- 1.7. Demonstrate medical expertise in situations other than patient care, such as developing guidelines or policies surrounding the psychiatric care of the medically ill, or providing expert legal testimony

2. Establish and maintain clinical knowledge, skills, and attitudes at a Proficient or Advanced level, appropriate to Consultation-Liaison Psychiatrists

2.1 Consultation-Liaison Psychiatrists will demonstrate competence at the Proficient or Advanced level, as indicated, in the following:

2.1.1 Etiology, symptoms, course of illness, and/or treatment of the following, at an

Advanced level:

2.1.1.1. Delirium

2.1.1.2. Behavioural or psychological disturbances in the cognitively impaired medically ill patient (eg: dementia, traumatic brain injury)

2.1.1.3. Demoralization, acute stress reaction, or adjustment disorder in response to medical illness

2.1.1.4. Anxiety and Mood disorders in the medically ill patient

2.1.1.5. Drug-drug interactions influencing the mental state

2.1.1.6. Somatoform, factitious, and malingering disorders presenting as physical or psychiatric symptoms

2.1.1.7. Addiction including substance intoxication and withdrawal

2.1.1.8. Psychotherapeutic constructs pertaining to the medically ill

2.1.1.9. End-of-life issues related to terminal illnesses or palliative care

2.1.1.10 Self-destructive or self-harm behaviour in medical settings

2.1.1.11 Chronic pain, particularly neuropathic pain

2.1.1.12 Capacity to consent to or withdraw health care

2.1.1.13 Psychiatric syndromes arising from major organ failure (renal, hepatic, cardiac, pulmonary)

2.1.1.14 Psychiatric sequelae of myocardial infarction and stroke

2.1.1.15 Psychiatric sequelae of post-operative complications

2.1.1.17 Toxicity arising from commonly prescribed medications

2.1.1.18 Bereavement in patients and family members

2.1.2 Etiology, symptoms, course of illness and treatment, of the following, at a

Proficient level:

2.1.2.1 Addiction counseling and treatment resources available

2.1.2.2 Dementia and its common subtypes

2.1.2.3 Geriatric depression

2.1.2.4 Financial and personal (re: ability to live independently upon discharge from hospital) capacity assessments, and their legal implications

2.1.2.5 Personality disorders pertaining to medical illness

2.1.2.6 Psychiatric issues arising from organ transplantation

2.1.2.7 Sleep disorders

2.1.2.8 Palliative Care Pain Management

2.1.2.9 Clinical and legal issues surrounding abuse and neglect

2.1.2.10 Psychiatric manifestations of systemic medical diseases

2.1.2.11 Neurological illness giving rise to psychiatric disorders

2.1.2.12 Neurological illness (eg: epilepsy) co-occurring with psychiatric disorders

(pseudoseizure disorder)

2.1.2.13 Psychotic Disorders

2.1.2.14 Psychiatric sequelae of being infected with HIV, Hepatitis B or C

2.1.2.15 Psychiatric care of critically ill patients in a monitored setting (re: ICU, CCU)

2.1.2.16 Fibromyalgia and chronic fatigue syndrome

2.1.2.17 Acute Stress Disorder after trauma

2.1.2.18 Catatonia

2.1.3 Applying knowledge at an advanced level of systems of mental health care and delivery pertaining to acute care hospital resources, rehabilitation settings, chronic care institutions, hospice care, home care, mental health centre follow-up, residential care settings, alternative living environments, and other settings available for the medically ill patient with mental health issues

2.1.4 Applying knowledge at an advanced level the legislation pertaining to detaining and treating patients with psychiatric illness involuntarily, pertaining to consent around medical health care treatment, pertaining to advance directives, and pertaining to proxy health care decision makers

2.2 Describe the CanMEDS framework of competencies relevant to the Consultation-Liaison Psychiatrist

2.3 Co-ordinating and working effectively at an advanced level with interdisciplinary teams in non-psychiatric based settings

2.4 Co-ordinating and working effectively at an advanced level with generalist or other

specialist physicians who refer medically ill patients

2.5 Contribute to the enhancement of quality care and patient safety in Consultation-Liaison Psychiatry at a proficient level in accordance to best available evidence and practices

2.6 Using information technology effectively in finding, critically appraising, incorporating and disseminating to health care staff relevant medical literature that is pertinent to the specific clinical situation

2.7 Consultation-Liaison Psychiatrists will be proficient in applying lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence

3 Perform a complete and appropriate assessment of a patient

3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient's culture, religious or spiritual beliefs, sexual identity or orientation, context and preferences, particularly as they relate to level of psychological adaptation to medical illness. This will also include assessing the level of adaptation to the particular medical environment, including the physical environment and the health care providers within it.

3.2 For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to culture, religion or spiritual beliefs, sexual identity or orientation, context and preferences. This includes the ability to elicit a history in patients who may have fluctuations in their level

of consciousness or attention, sensory deficits and/or functional/cognitive impairment

3.3 Evaluate the possibility of non-adherence to treatment, or over-medication

3.4 For the purposes of prevention and health promotion, diagnosis and/or management, be able to perform an appropriate and accurate mental status examination

3.5 For the purposes of prevention and health promotion, diagnosis and/or management, be able to perform a focused physical and neurological examination that is relevant and accurate, such as an assessment for the presence of movement disorders, identifying the signs of substance-induced withdrawal, and the manifestations of substance (including prescribed narcotics) intoxication

3.6 Collateral information gathering from multiple sources in regards to medically ill patients who may not themselves be reliable sources of information

3.7 Select medically appropriate investigative methods in a resource-effective and ethical manner, including:

3.7.1 Medical investigation or consultation in patients with comorbid medical and psychiatric conditions

3.7.2. Neuropsychological investigations

3.7.3. Structured assessment tools for cognition, mood, or anxiety, as required.

3.7.4. Neuroimaging

3.7.5 Electroencephalography

3.8 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate

differential diagnoses and management plans

3.9 Demonstrate an appropriate and effective assessment of decisional capacity, when so requested

3.10 Explore developmental factors, family dynamics, cultural beliefs, and interpersonal dynamics which may impact on the development of psychiatric symptoms in patients presenting with physical symptoms

3.11 Identify existential issues impacting on the development of symptoms

3.12 Demonstrate the flexibility in assessing patients in a diverse variety of medical and surgical settings

4 Use preventive and therapeutic interventions effectively

4.1 Implement an effective management plan in collaboration with a patient and their family including:

4.1.1. Interpretation of results of appropriate laboratory investigations and radiological examinations as they relate to the patient with psychiatric disorders and co-morbid medical conditions

4.1.2. Assessing suitability for, and prescribing, appropriate psycho-pharmacological treatments in the acute and maintenance management of psychiatric disorders, including substance-induced withdrawal or intoxication

4.1.3. Assessing suitability for prescribing and delivering somatic treatments such as ECT

4.1.4. Assessing suitability for appropriate psychological treatment in medically ill

patients, including:

4.1.4.1 Supportive therapy

4.1.4.2 Psychodynamic therapy

4.1.4.3 Family or couples therapy

4.1.4.3 Cognitive-behavioural therapy

4.1.4.4 Crisis Intervention

4.1.4.5 Meaning-based therapies

4.1.4.6 Interpersonal therapy

4.1.4.7 Motivational interviewing and counseling

4.1.4.8 Mindfulness-based therapy

4.1.4.9 Group therapy

4.1.4.10 Relaxation therapy

4.1.5 Assessing and managing treatment-emergent side effects of psycho-pharmacological, somatic, and psychological therapies in medically ill patients

4.1.6. Assessing and managing treatment adherence

4.1.7 Assessing the risk factors for the development of delirium

4.1.8 Assessing for the role of spiritual care

4.1.9 Psycho-education and bibliotherapy

4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to Consultation-Liaison Psychiatry

4.3 Ensure appropriate informed consent is obtained for psychiatric therapies, from the

capable patient or substitute decision maker

4.4 Ensure terminally ill patients receive appropriate end-of-life care

4.5 Provide expertise with regards to the use of restraints and the use of 1:1 sitters

4.6 Provide education and guidance to the multidisciplinary team, and effectively promote the implementation of an appropriate biopsychosocial treatment plan for medically ill patients with comorbid psychiatric disorders or mental health symptoms

4.7 Provide families and other caregivers with education, guidance, and support

5 Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to medically ill patients with psychiatric disorders including, but not limited to, diagnostic interviewing, standardized screening tool administration, and neuroimaging interpretation

5.2 Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Consultation-Liaison Psychiatry

5.3 Ensure informed consent is obtained for the procedure

5.4 Provide guidance to other health care providers in regards to informed consent for medical or surgical procedures, from the capable patient or the substitute decision maker

5.5 Appropriately document and disseminate information related to procedures performed and their outcomes

5.6 Ensure adequate follow-up is arranged for procedures performed, particularly upon transfer to different hospital settings or discharge from hospital

6 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1 Demonstrate insight into the limitations of their expertise

6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal care of medically ill patients with mental health symptoms or disease

6.2.1 Seek consultation by other health care providers who have somewhat overlapping areas of practice (eg: pain specialists, addiction medicine specialists, palliative care specialists)

6.2.2 Seek advice or a second opinion from other Consultation-Liaison Psychiatrists in complex cases

6.2.3 Seek advice or a second opinion from a subspecialty psychiatrist (eg: adolescent or geriatric psychiatrist) in complex cases involving patients early or late in their lifespan

6.2.4 Seek consultation by other health care providers who can be helpful in optimizing care

6.3 Arrange appropriate follow-up mental health care services for medically ill patients and their families